

**AMENDMENT TRANSMITTAL LETTER**Docket No.
HO-P02680US1Application No.
10/804,668Filing Date
March 19, 2004Examiner
C. M. BorgeestArt Unit
1647

Applicant(s): William A. Zoghbi et al.

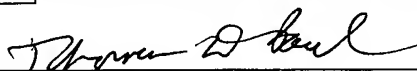
Invention: USE OF BNP DURING STRESS TESTING FOR THE DETECTION AND RISK
STRATIFICATION OF INDIVIDUALS WITH SUSPECTED CORONARY ARTERY DISEASE**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

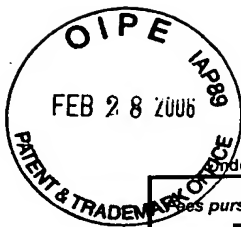
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	44	- 44 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					60.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 06-2375 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 60.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 06-2375
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Thomas D. Paul, Ph.D., J.D.
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(713) 651-5325

Dated: February 28, 2006



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete if Known

Application Number	10/804,668
Filing Date	March 19, 2004
First Named Inventor	William A. Zoghbi
Examiner Name	C. M. Borgeest
Art Unit	1647
Attorney Docket No.	HO-P02680US1

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
44 - 44 = _____ x _____ = _____
Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
2 - 3 = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00

SUBMITTED BY

Signature	<i>Thomas D. Paul</i>	Registration No. (Attorney/Agent)	32,714	Telephone	(713) 651-5325
Name (Print/Type)	Thomas D. Paul, Ph.D., J.D.	Date	February 28, 2006		



Application No. (if known): 10/804,668


Attorney Docket No.: HO-P02680US1

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 678180200 US in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 28, 2006
Date


Signature

Roberta Matthews
Typed or printed name of person signing Certificate

Registration Number, if applicable (713) 651-3638
Telephone Number

Note: Response to Election of Species Requirement (3 pages)
Request for Extension of Time (2 pages)
Amendment Transmittal Letter (1 page)
Fee Transmittal (1 page)
Certificate of Express Mailing (1 page)
Check in the amount of \$60.00
Return Receipt Postcard